

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1526

Logged In

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign

Disclosure Board

510 E. 12th, Ste. 1A

Des Moines, Iowa 50319

Fax: 515-281-3701

IMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Beth Wessel-Knoeschell

Political Party (if applicable)

Democrat

Office Sought

Representative-IA. House

District (if Senate or House)

45

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Jung A. Benn

SIGNATURE OF PERSON FILING REPORT

515-292-3018

TELEPHONE

Oct 26, 2010

DATE SIGNED

I AM FILING A Oct. 29, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

4540.25

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1190.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

5732.25

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$

5732.25

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Wend-Knoerschell

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9-30-10	ID# 6063 CK# 2465	Iowa Dental Assoc. PAC 5530 West Pkwy, Ste 100 Johnston, IA 50131		\$ 250	<input type="checkbox"/>
10-2-10	ID# CK#	JANICE GERAN 304 24th ST. Ames IA 50010		25	<input type="checkbox"/>
10-4-10	ID# CK#	G. David Hurd 300 Walnut ST. #183 Des Moines, IA 50309		100	<input type="checkbox"/>
"	ID# CK#	FREDERICK W. WEITZ 1245 Brown Wood DR. WEST Des Moines, IA 50265		100	<input type="checkbox"/>
4	ID# CK#	Timothy J Urban 214 Foster DR. Des Moines, IA 50312		100	<input type="checkbox"/>
"	ID# CK#	Fred S. Hubbell 2300 TERRACE Rd. Des Moines, IA 50312		100	<input type="checkbox"/>
	ID# CK#	[REDACTED]			<input type="checkbox"/>
10-7-10	ID# CK#	CLAYTON A. SWENSON 2308 HAMILTON DR. Ames, IA 50014		50	<input type="checkbox"/>
	ID# CK#	[REDACTED]			<input type="checkbox"/>
10-11-10	ID# CK#	ANN B. WOSTWICK 707 Hodge Ave Ames IA 50010		40	<input type="checkbox"/>
SUB-TOTAL				\$ 765	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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10-12-10	ID# 1526 CK# 3027	Iowa Providers PAC 7025 Hickman Rd, Ste 5 Des Moines, IA 50322		\$ 250	<input type="checkbox"/>
10-13-10	ID# CK#	MARCIA L. Thompson 2728 Meadow Glen Rd. Ames, IA 50014		50	<input type="checkbox"/>
10-14-10	ID# 6116 CK# 1934	Political Action-Iowa Dealers 1311 50th St. West Des Moines 50266		100	<input type="checkbox"/>
10-14-10	ID# CK#	Jermaine C. Prescott 2810 Ross Rd. Ames, IA 50014		25	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 425

TOTAL (if last page of this schedule)

\$ 1190

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(for Schedule A)